

Appendix

Development of Performance Measures for the EMSC Program

Detail Sheet for Performance Measure #66a

PERFORMANCE MEASURE #66a

The percentage of pre-hospital provider agencies in the State/Territory that have on-line and off-line pediatric medical direction at the scene of an emergency for Basic Life Support (BLS) providers and Advanced Life Support (ALS) providers.

GOAL

By 2006, 20% of pre-hospital provider agencies in the State/Territory will have on-line and off-line pediatric medical direction at the scene of an emergency for BLS and ALS providers.

By 2007, 25% of pre-hospital provider agencies in the State/Territory will have on-line and off-line pediatric medical direction at the scene of an emergency for BLS and ALS providers.

By 2008, 40% of pre-hospital provider agencies in the State/Territory will have on-line and off-line pediatric medical direction at the scene of an emergency for BLS and ALS providers.

By 2009, 45% of pre-hospital provider agencies in the State/Territory will have on-line and off-line pediatric medical direction at the scene of an emergency for BLS and ALS providers.

By 2010, 50% of pre-hospital provider agencies in the State/Territory will have on-line and off-line pediatric medical direction at the scene of an emergency for BLS and ALS providers.

By 2011, 90% of pre-hospital provider agencies in the State/Territory will have on-line and off-line pediatric medical direction at the scene of an emergency for BLS and ALS providers.

MEASURE

The percentage of pre-hospital provider agencies in the State/Territory that have on-line and off-line pediatric medical direction at the scene of an emergency for Basic Life Support (BLS) providers and Advanced Life Support (ALS) providers.

DEFINITION

Numerator: The number of licensed/certified/designated pre-hospital provider agencies in the State/Territory that have on-line and off-line pediatric medical direction at the scene of an emergency for BLS and ALS providers.

Denominator: The total number of licensed/certified/designated pre-hospital provider agencies in the State/Territory.

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Definition of Terms:

Pre-hospital provider agencies

Licensed/certified/designated agencies with the primary responsibility of delivering care to pediatric patients during an emergency and transporting them to the hospital; unlicensed agencies are excluded.

Pediatric

Persons up to 18 years old.

On-line medical direction

Real-time pre-hospital medical direction by designated medical personnel (as defined and identified by the State/Territory) for seriously ill or injured children. Direction may include authorization for advanced life support procedures, triage, destination assignment, and management of patients who receive care¹.

Off-line medical direction

Off-line medical direction operates through policy-making activities, training programs, quality assurance efforts, and the like. These efforts are likely to be broader in scope and setting and to relate to the long-term developments of guidelines and protocols.² Off-line medical direction also includes the establishment of systems, policies and procedures, such as treatment protocols and case reviews. See the National Association of EMS Physicians' model pediatric protocols at:
<http://www.naemsp.org/ModelPediatricProtocols.pdf>.

At the scene of an emergency

"At the scene of an emergency" refers to the period of time from when BLS and ALS providers arrive at the scene of an emergency to the arrival of the pediatric patient at the hospital.

BLS providers

BLS providers provide basic life saving and life sustaining interventions while transporting a patient to a hospital. They include EMT-B.

ALS providers

Among other procedures, ALS providers administer certain life-saving medications, perform advanced monitoring of heart rhythms, and are trained to perform advanced procedures to open and manage a patient's airway. They include EMT-Paramedics and intermediate level providers including EMT-I and Cardiac Rescue.

EMSC STRATEGIC OBJECTIVE

Related to Strategic Objective 8: Include pediatric protocols in medical direction for all EMS agencies.

¹ Institute of Medicine (1993). *Emergency Medical Services for Children*.

² Ibid

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DATA SOURCE(S)

Data Sources:

- Surveys
- Ambulance inspection reports

IMPLEMENTATION PROCESS

Process to Collect Data For This Measure:

A process for data collection and analysis, as well as examples of supporting documentation are provided below under each data source.

1. **Surveys:** Surveys of either pre-hospital provider agencies or regional coordinators within the State/Territory that provide oversight and are familiar with the pre-hospital provider agencies in their respective regions can be conducted about the availability of on-line and off-line pediatric medical direction at the scene of an emergency for BLS and ALS providers.
 - If a survey of either pre-hospital provider agencies or regional coordinators currently exists, consider leveraging this survey by adding a question about the availability of on-line and off-line pediatric medical direction.
 - If a survey does not currently exist, develop a survey tool that asks about the availability of on-line and off-line pediatric medical direction. Contact NEDARC if you require technical assistance.
 - Administer the survey either on-line, electronically, or by mail.
 - Collect the survey results; follow-up may be necessary to remind agencies or coordinators to complete the survey or to get clarification on responses.
 - Calculate the percentage of pre-hospital provider agencies in the State/Territory that have on-line and off-line pediatric medical direction at the scene of an emergency for BLS and ALS providers.
 - *Supporting documentation* for the measure may include: 1) copies of the agencies' protocols and guidelines for using on-line and off-line pediatric medical direction, and/or 2) a copy of the EMS Rules and Regulations with requirements for on-line and off-line pediatric medical direction (if on-line and off-line pediatric medical direction are mandated within the EMS rules).
2. **Ambulance Inspection Reports:** In your State/Territory, ambulance inspections of licensed vehicles may involve verifying the availability of protocols and guidelines for on-line and off-line pediatric medical direction at the scene of an emergency for BLS and ALS providers.
 - If you have access to the ambulance inspection reports (either hardcopies or database of results), conduct either a manual count (for hardcopies) or run a query (for the database) on the percentage of pre-hospital provider agencies in the State/Territory that have on-line and off-line pediatric medical direction at the scene of an emergency for BLS and ALS providers.

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- If you do *not* have access to the ambulance inspection reports, contact the agency responsible for conducting the ambulance inspections in your State/Territory to 1) obtain hardcopies of the ambulance inspection reports and conduct a manual count on the percentage of pre-hospital provider agencies in the State/Territory that have on-line and off-line pediatric medical direction at the scene of an emergency for BLS and ALS providers; 2) request access to the database that houses the ambulance inspection results and run a query on the percentage of pre-hospital provider agencies in the State/Territory that have on-line and off-line pediatric medical direction at the scene of an emergency for BLS and ALS providers; or 3) ask the agency to run the query for you.
- Calculate the percentage of pre-hospital provider agencies in the State/Territory that have on-line and off-line pediatric medical direction at the scene of an emergency for BLS and ALS providers.
- *Supporting documentation* for the measure may include: 1) copies of the data queries, and/or 2) copies of local vehicle licensing criteria with requirements for on-line and off-line pediatric medical direction, and/or 3) a copy of the EMS Rules and Regulations with requirements for on-line and off-line pediatric medical direction (if on-line and off-line pediatric medical direction are mandated within the EMS rules).

IMPLEMENTATION CONSIDERATIONS

Survey Considerations

- Availability of data for this measure is dependent upon the return rate of the surveys. To maximize survey response rates in your State/Territory, consider the following strategies: 1) offer electronic, web-based and/or paper versions of the survey so that pre-hospital provider agencies/regional coordinators can complete the version that is most convenient for them; 2) contact pre-hospital provider agencies/regional coordinators who have not responded to the survey within a designated period of time by phone or e-mail; and 3) provide respondents with the survey results so they can see how their data were used; this may encourage them to continue to submit data in the future.
- A potential downside associated with conducting a survey is that it captures self-report data. To reduce self-report bias, consider the following strategies: 1) request supporting documentation or evidence that on-line and off-line pediatric medical direction is available at the scene of an emergency for BLS and ALS providers and 2) conduct random, unannounced site visits to a representative sample of pre-hospital provider agencies to verify the availability of on-line and off-line pediatric medical direction.

Ambulance Inspection Report Considerations

- In some States/Territories, information from ambulance inspections may not be shared with the EMSC Program due to the absence of a relationship between the EMSC Program and the State/Territory EMS Program and/or local, county

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inspectors. If this is the case in your State/ Territory, your EMSC Program should work to establish a relationship with the State/Territory EMS Program or County in order to comply with gathering data for this measure.

SIGNIFICANCE

On-line and off-line pediatric medical direction is needed to assist and direct pre-hospital providers in the treatment of children at the scene of an emergency. With real-time medical direction and established protocols, pre-hospital providers can respond to pediatric emergencies efficiently and effectively. Furthermore, off-line medical direction helps to standardize care across pre-hospital providers and assists in providing optimal care based on current pediatric clinical recommendations and guidelines. This measure will help to ensure that pre-hospital providers are adequately equipped to care for children in an emergency and thereby, reduce the risk of pediatric morbidity and mortality.

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Data Collection Form for Performance Measure #66a

Percentage of pre-hospital provider agencies in the State/Territory that have on-line and off-line pediatric medical direction at the scene of an emergency for BLS and ALS providers

Percentage for BLS Providers: _____%

Percentage for ALS Providers³: _____%

Note: Attach supporting documentation for the measure to your EMSC continuation application.

Comments:

³ If your State/Territory only has BLS providers, enter "N/A" for percentage for ALS providers.